

## Volunteer Expression of Interest Form

<b>Name &amp; Surname</b>			
Home Address			
	Post Code		
Phone Number			
Email Address			
Date of birth			

Please tell us about any relevant skills or experience you may have

**Times available (*Please indicate*) when you have time to volunteer**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Access or Support needs**

Do you have any additional access or support needs?	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes, please specify:</b>
---	--

Which tasks are you especially interested in? (You may tick more than one)

- Office Volunteering
- Patient Feedback
- Enter and View
- Events and Outreach
- Photography and Marketing
- Other, please specify: \_\_\_\_\_

### References

Please give the details of two people who will be able to offer a reference about your ability to act as a volunteer. *If you do not have two referees you may still be accepted as a volunteer.*

	Referee 1		Referee 2	
Name & Surname				
Home Address				
	Post Code		Post Code	
Phone Number				
Email Address				
Relationship				

### Emergency Contact

Name & Surname			
Home Address			
	Post Code		
Phone Number			
Email Address			

### Criminal Records

For some of our volunteering roles we need a Disclosure and Barring Service check (previously known as Criminal Record Bureau check). Having a criminal record will not necessarily bar you from volunteering. This will depend on the nature of the opportunity, and the circumstances and background of the offence.

Do you have any unspent criminal convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to complete a Disclosure and Barring service check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Declaration

I confirm that the information given is true and complete to the best of my knowledge.

I understand that Healthwatch Liverpool will:

1. In considering my expression of interest, treat the information given in this form in confidence.
2. Not disclose information to any third party without my prior agreement.
3. Retain information for a period of a year should my offer to act as a volunteer not be taken up, or if I decide not to proceed.
4. If I am accepted as a volunteer, retain this information for legitimate purposes, including contact purposes and the effective matching of volunteers with roles.

I understand my right to request to see all the information held about me by Healthwatch Liverpool.

In signing this form I give my consent for the information to be used as above.

<b>Signed</b>		<b>Date</b>	
---------------	--	-------------	--

Please return this form to: Healthwatch Liverpool, 1st Floor, 151 Dale Street, Liverpool, L2 2AH  
 or: [enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)